SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



* FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

1997 DIVISION OF CORPORATIONS					97 SEP 10 PM 12: 38	
DOCUMENT # P95000025994 (1) AIROCK PRODUCTIONS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place	o of Rusingse	Mailing Address	/			
704 NORTH SILVER CIRCLE 704 NORTH SILVER CIRCLE						
KEY LARGO FL 33037 KEY LARGO FL 33037						
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report	
					03/31/1995 08/14/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65 - 0574771 Applied For	
21 26					APPLIED FOR Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	
27					6. Election Campaign Financing \$5.00 May Ele	
23					Trust Fund Contribution Added to Fees	
Zip					8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Current	29 3	10		Personal Property Tax due June 30. Sy Yes No	
900	OTT. WILLIAM	negistered Agent	81	Name	10. Name and Address of New Registered Agent	
	NORTH SILVER CIRCLE					
KEY		82	Street	t Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	85 Zip Code	
				•	FL '	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agoral, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or amplifier with, and accept the obligations of, Section 607.0505, Florida Statutes.						
	n familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statules.			
SIGNATURE	Signature, typed or printed name of registered agen	sand title it applicable (NOTC.)	Hogistered Ager	t signalute	10 required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SCOTT, WILLIAM	☐ DELETE	1.1 TITLE		. Change Addition	
NAME Street Address	704 NORTH SILVER CIRCLE		1.2 NAME	PDDDEGE	·	
CITY-ST-ZIP	KEY LARGO FL 33037		1.3 STREET A			
TITLE	ST	DELETE	2.1 TITLE	111	X Change ☐ Addition	
NAME	MENTZLER, ANN		2.2 NAME	Ì	MENTZER, ANN	
STREET ADDRESS	704 N. SILVER CIRCLE		2.3 STREET A	ADDRESS	MENTZER, ANN TOY N. SILVED CIRCLE KEY LARGO, FL 33037	
CITY-ST-ZIP	KEY LARGO FL		2.4 CITY-ST	- ZIP	KEY LARGO, FL 33037	
TITLE		☐ DELETE	3.1 TITLE	İ	Change Addition	
NAME STREET ADDRESS			3 2 NAME	ישטנטי		
CITY ST-ZIP			3.3 STREET # 3.4. CITY - ST		·	
TITLE		DELETÉ	4,1 TITLE	£11	Change Acidition	
NAME	4, 2		4. 2 NAME	1	Conon22920255	
STREET ADDRESS	ESS 43S		4.3 STREET A	LODRESS	-09/12/9701101015	
CITY-ST-ZIP			4.4 CITY-ST	- ZIP	5000022920255 -09/12/9701101015 ****165.00 ****165.00	
TITLE]		5.1 TITLE	l	Change Addition	
NAME CTOCCT ADDOCCC			5.2 NAME	bbress		
STREET ADDRESS			5.3 STREET A	Į	}	
CITY-ST-ZIP TITLE		DELETE	61 TITLE	-zir	Change Addition	
NAME		 ··	62 NAME	- 1		
STREET ADDRESS			6.3 STREET A	DDRESS		
CiTY-ST-ZIP			6.4 C(TY-S)			

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if chargest, or on an attantionent with an address.